



MISSOURI DEPARTMENT OF HEALTH AND SENIOR SERVICES
STATE PUBLIC HEALTH LABORATORY
BREATH ALCOHOL PROGRAM
DATAMASTER MAINTENANCE REPORT

RECEIVED

By Carol Day at 9:41 am, May 12, 2014

Complete this report at the time of the regular monthly preventive maintenance check (not to exceed 35 days).
Complete this report whenever the instrument is serviced or repaired and whenever it is placed into service.
Retain the original and send a copy within 15 days to the Breath Alcohol Program, DHSS.

DATAMASTER SN 940230	NAME OF AGENCY Canton Police Department	DATE OF INSPECTION 05/05/2014
LOCATION OF INSTRUMENT (STREET AND CITY) 108 North Fifth Street, Canton		TIME OF INSPECTION 9:40 pm

CHECKLIST: Place a mark in the box by each item if found to be satisfactory or if operating within established limits. (Write in observed values where determined.) Unmarked items must be corrected before using instrument.

<input checked="" type="checkbox"/> DIAGNOSTIC CHECK (PRINTOUT ATTACHED)	DATE AND TIME (from printout) 05/05/2014 21:40
<input checked="" type="checkbox"/> COMPUTER	<input checked="" type="checkbox"/> DETECTOR
<input checked="" type="checkbox"/> PROGRAM	<input checked="" type="checkbox"/> FILTERS
<input checked="" type="checkbox"/> HEATERS SAMPLE CHAMBER 48°C	<input checked="" type="checkbox"/> QUARTZ STANDARD
<input checked="" type="checkbox"/> FLOW DETECTOR	<input checked="" type="checkbox"/> CALIBRATION
<input checked="" type="checkbox"/> PUMP HIGH SPEED	<input checked="" type="checkbox"/> PRINTER

<input checked="" type="checkbox"/> INDICATOR LIGHTS
<input checked="" type="checkbox"/> SIMULATOR SOLUTION SUPPLIER Guth Laboratories Inc LOT # 13280 EXP. DATE 10/16/2015
<input checked="" type="checkbox"/> SIMULATOR TEMP (34°C ± 0.2°C) 34 °C SIMULATOR SN DR 5388 EXP. DATE 04/29/2015

<input checked="" type="checkbox"/> CALIBRATION CHECK - (ONLY ONE STANDARD IS TO BE USED PER MAINTENANCE REPORT)
Run three tests using a standard solution. All three tests must be within ±5% of the standard value and must have a spread of .005 or less. Mark the box corresponding to the standard solution being used. (PRINTOUT ATTACHED)
<input checked="" type="checkbox"/> 0.100% STANDARD - MUST READ BETWEEN 0.095% AND 0.105% INCLUSIVE
<input type="checkbox"/> 0.080% STANDARD - MUST READ BETWEEN 0.076% AND 0.084% INCLUSIVE
<input type="checkbox"/> 0.040% STANDARD - MUST READ BETWEEN 0.038% AND 0.042% INCLUSIVE

TEST 1 → .100	TEST 2 → .099	TEST 3 → .099
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<input checked="" type="checkbox"/> PERFORM R.F.I. TEST (PRINTOUT ATTACHED)
INDICATE THE NUMBER OF BREATH TESTS IN THE FOLLOWING RANGES SINCE THE LAST MAINTENANCE REPORT: (DO NOT INCLUDE SELF-ADMINISTERED TESTS)

REFUSALS	0	(0-.04)	0	(.05-.09)	0	(.10-.14)	0	(.15-.19)	1	OVER .19	0
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LIST ANY NEW PARTS AND DESCRIBE ANY ALTERATION OR MODIFICATION THAT WAS MADE TO RESTORE THE INSTRUMENT TO OPERATE SATISFACTORILY AND WITHIN ESTABLISHED LIMITS (USE OTHER SIDE IF NECESSARY).

Datamaster 940230 complies with the Department of Health and Senior Services rules and regulations.

INSPECTING OFFICER	
SIGNATURE 	PRINT FULL NAME Don L. Cibert
TYPE # PERMIT NUMBER/EXPIRATION DATE 220328 10/02/2014	TELEPHONE NUMBER (573) 655-4099
RETURN COMPLETED REPORT TO THE:	Breath Alcohol Program, MO Department of Health and Senior Services, Southeast District Office 2875 James Blvd. Poplar Bluff, MO 63901

**GUTH LABORATORIES, INC.**

590 NORTH 67th STREET • HARRISBURG, PA 17111-4511 • TELEPHONE: 717-564-5470

CERTIFICATE OF ANALYSIS

Certified Alcohol Reference Solution for Simulator

Random Samples of Lot Number **13280** of Alcohol Reference Solution for Simulator were analyzed by gas chromatography on October 18, 2013, using a Perkin Elmer Gas Chromatograph Autosystem XL S/N: 610N9030209, and found to contain **0.1217%** (w/vol) ethyl alcohol. The expiration date for this lot number is **October 16, 2015** at 11:59 PM.

When used in a calibrated Simulator, operating at $34^{\circ}\text{C} \pm .2^{\circ}\text{C}$, this solution will give a breath alcohol analysis instrument reading of **0.100 g/210L \pm 3%**.

The alcohol and water used in this solution were free of test interfering substances.

Ted L. Pauley, President
GUTH LABORATORIES, INC.

NIST Traceability:

Testing was conducted using Cerilliant Reference Standard lot number FNI22211-02 whose values are traceable to NIST.

All balances are calibrated annually by an outside agency using NIST traceable weights. Calibration verification is done prior to each use utilizing NIST traceable weights.

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
CANTON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 940238
05/05/14

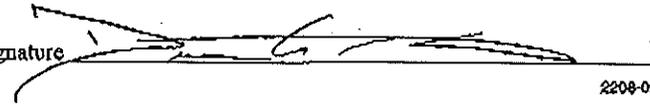
TESTING OFFICER:
CIBERT/DONALD
OFFICER I.D.# 112
PERMIT NUMBER: 220326
EXPIRATION DATE: 10/02/14
MISCELLANEOUS DATA:
MONTHLY MAINTENANCE

--- SUPERVISOR MODE ---

BLANK TEST	.000	21:43
INTERNAL STANDARD	VERIFIED	21:43
EXTERNAL STANDARD	.100	21:43
BLANK TEST	.000	21:44
EXTERNAL STANDARD	.099	21:45
BLANK TEST	.000	21:45
EXTERNAL STANDARD	.099	21:46
BLANK TEST	.000	21:46

N = 3
SIM. = .1
AVG. = .0993

Operator Signature



2200-02

Face This Side Down - This Edge In First

**BAC DataMaster
Evidence Ticket**

STATE OF MISSOURI
CANTON POLICE DEPARTMENT

BAC DATAMASTER SERIAL NUMBER 940230
05/05/14

ARREST TIME: 21:00
SUBJECT NAME:
RFI/TEST
DOB: 11/11/11 SEX: M
STATE/D.L.: MO/1111111111
ARRESTING OFFICER:
N/A
OFFICER I.D.: N/A
TESTING OFFICER:
CIBERT/DON/L
OFFICER I.D.: 112
PERMIT NUMBER: 220328
EXPIRATION DATE: 10/02/14
MISCELLANEOUS DATA:
RFI TEST
MONTHLY MAINTENANCE

--- BREATH ANALYSIS ---

BLANK TEST .000 21:49
INTERNAL STANDARD VERIFIED 21:58
RADIO INTERFERENCE

Operator Signature 
2209-02

Face This Side Down - This Edge In First

BAC DataMaster Evidence Ticket

STATE OF MISSOURI
CANTON POLICE DEPARTMENT

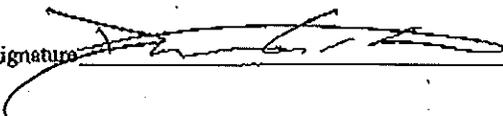
BAC DATAMASTER SERIAL NUMBER 948238
05/05/14
21:40

--- DIAGNOSTIC CHECK ---

COMPUTER:	OKAY
PROGRAM (04-07-2009):	OKAY
HEATERS	
SAMPLE CHAMBER:	42c
FLOW DETECTOR:	OKAY
PUMP	
HIGH SPEED:	OKAY
DETECTOR:	OKAY
FILTERS:	OKAY
QUARTZ STANDARD:	OKAY
CALIBRATION:	OKAY

PRINTER TEST

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!"#$%&'()*+,-./0123456789:;<=>?@ABCDEFGHIJ
KLMNOPQRSTUVWXYZ[\]^_`abcdefg hijklmno
pqrstuvwxyz{|}~*
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Operator Signature 

State of Missouri
DEPARTMENT OF HEALTH



P E R M I T
TYPE II



DON L CIBERT

is hereby authorized to instruct and supervise operators, train instructors, inspect, calibrate, perform field repairs, and operate the following breath analyzer(s):

DATAMASTER

for the determination of the alcoholic content of blood from a sample of expired (alveolar) air. Issued under the provisions of sections 577.020 through 577.041, RSMo 1986.

Date 10/02/2012

Number 220328

Expires 10/02/2014

Director of State Public Health Laboratory

Director, Department of Health